



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL SOUTH

City of Hospital: Indianapolis

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$472058260
Outpatient Patient Service Revenue	\$517591572
Total Gross Patient Service Revenue	\$989649832

2. Deductions From Revenue

Contractual Allowance	\$689665903
Other Deductions	\$5564409
Total Deductions	\$695230312

3. Total Operating Revenue

Net Patient Service Revenue	\$294419520
Other Operating Revenue	\$3671816
Total Operating Revenue	\$298091336

4. Operating Expenses

Salaries and Wages	\$65295048	Employee Benefits	\$15457625
Depreciation and Amortization	\$9214694	Interest Expense	\$5565108
Bad Debt	\$16752149	Other Expenses	\$121717465
Total Operating Expenses	\$234002089		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$64089247	Total Assets	\$605406642
Net Non-operating Gains over Loss	\$-43500	Total Liabilities	\$3217986

Total Net Gains	\$64045747
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$452551487	\$367290787	\$85260700
Medicaid	\$171050316	\$135437640	\$35612676
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$366048029	\$192501885	\$173546144
Total	\$989649832	\$695230312	\$294419520

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$290527	\$2151947	\$-1861420
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5564409
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1084980	
HCI Payments	\$0		
Subtotal	\$0	\$1084980	\$-1084980
Medicaid Shortfalls	\$35620012	\$47703812	
Subtotal	\$35620012	\$48788792	\$-13168780
DSH Payments	\$0		
Subtotal	\$35620012	\$48788792	\$-13168780
Medicare Shortfalls	\$85267907	\$88247540	
Other Government Programs	\$0	\$0	
Total	\$120887919	\$137036332	\$-16148413

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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